

## Special Health Care Needs Administrative Provider Checklist

This checklist is to assist you in completing the Participation Agreement (DH-74) and the Provider Application (CC-35) forms. We have identified the most frequently missed Locator Boxes on these forms, and listed them below. Please use this checklist to ensure your forms are complete.

### ***Participation Agreement (DH-74)***

- ☐ Enter provider name as shown on Federal Tax ID or Social Security Number in Provider Name Locator Box.
- ☐ Complete the Payment Street, City, State and Zip Code in Payment Mailing Address Locator Box.
- ☐ Sign and date Participation Agreement. **(The form will be returned if it is not signed and dated.)**

### ***Provider Application (CC-35)***

- ☐ Complete Location Address in Locator Box 5.  
*The location address is the address where services are provided and/or where correspondence should be mailed.*
- ☐ Complete the Payment Mailing Address if different from Location Address in Locator Box 10.
- ☐ Review Certification paragraph in Locator Box 15.
- ☐ Sign Provider Application in Locator Box 16.

- ☐ Check appropriate Specialty Services in Locator Box 14 for Head Injury and 17 for Hope.

#### **Can a provider provide the same specialty service under more than one program?**

Yes, there are certain specialty services that can be covered under more than one program.

#### **How do I know what program I want to provide services for?**

Review program descriptions on the Internet, <http://www.dhss.state.mo.us/SHCN>.

Click on Bureau Services/Programs tab, click on desired program.

- ☐ Indicate the County (ies) of Service in Locator Box 18.
- ☐ Submit list of individual providers including the following:
  - ☐ Provider name
  - ☐ Current Missouri license number

#### **What if a provider does not have a current Missouri License?**

The provider cannot be enrolled as a SHCN provider. The provider can obtain a Missouri License through the Board of Healing Arts.

- ☐ License expiration date
- ☐ Provider specialty